Crosswalk Management System

Report REPORT CROSSWALK TO STATE

Filename acrobat distiller

Run by OPS\$PCUMMING

Report Date 03-FEB-05 02:39

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Office of Applied Studie

Status: FN Substance Abuse and Mental Health Services Administration

Media ID: SAMIS

Start Date: 01-MAY-93

End Date: Follow-up:

Mississippi's Treatment Episode Data Set

Version: 1

| | ey Field | System | System | | | |
|------|----------------------------|--------|--------------------|--------------------------------|--|--|
| Item | | Item | | | | |
| No. | Treatment Episode Data Set | | Value | State System Data | | |
| 1 | System Transaction Type | - | System T Record | ransaction Type Added to Each | | |
| К 2 | State Code | MA | FIPS Cod | le Added to Each Record | | |
| 3 | Reporting Date | - | Month an | nd Year of Submission Added to | | |

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| K = Key Field | | | Minimum | | | | <u>Mississippi</u> | |
|---------------|----------------------------------|-------------------------|------------------------------|---------|-----------------------|-------------------------------|-----------------------|--|
| Item No. | Treatment Episode Data Set | | | Item | Val | lue | State System Data | |
| K 1 |] | Provider Identifer | | 02 | Program Location Code | | | |
| K 2 | C 2 Client Identifer (Admission) | | 03 | Clie | nt ID | , | | |
| K 3 | Co-Dependent/Collateral | | | 32 | Admission Type | | | |
| | 2 | 2 | No | | 1 | Pr | imary | |
| | | 1 | Yes | | 2 | Сс | bllateral | |
| K 4 | | Client Transaction Type | | 12 | Clie | nt Sta | | |
| | - | Γ | Transfer/Change in Service | | _ | Tr | ansfer | |
| | 4 | A | Initial Admission | | 1 | Ac | ctive - New Admission | |
| | 1 | A | Initial Admission | | 2 | Ac | ctive - Readmission | |
| K 5 |] | Dat | e of Admission | 13 | Org | aniza | ation Admission Date | |
| 6 | I | Nun | nber of Prior Treatment Epis | odes 57 | No. | No. of Prior A & D Treatments | | |
| | (| 0 | 0 | | 0 | 0 | | |
| | | 1 | 1 | | 1 | 1 | | |
| | 2 | 2 | 2 | | 2 | 2 | | |
| | 3 | 3 | 3 | | 3 | 3 | | |
| | 4 | 4 | 4 | | 4 | 4 | | |
| | : | 5 | Or More | | 5 | 5 t | to 96 | |
| | , | 7 | Unknown | | 98 | Ur | nknown | |

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| | Key Field | Minim | num | | | <u>Mississippi</u> |
|-------------|-----------|--------------------------------------|------|-------|---|--------------------|
| Item No. | Treatme | ent Episode Data Set | Item | Valu | ue State System Data | |
| 7 | Pri | ncipal Source of Referral | 15 | Adm | ission Referral Source | |
| | 06 | Other Community Referral | | - | Not Collected | |
| | 03 | Other Health Care Provider | | 01 | DMH Psychiatric Hospital | |
| | 03 | Other Health Care Provider | | 02 | Other MS CMHC Facility | |
| | 03 | Other Health Care Provider | | 03 | DMH MR Facility | |
| | 03 | Other Health Care Provider | | 04 | Private Psychiatric Hospital | |
| | 03 | Other Health Care Provider | | 05 | Other MH Care Provider | |
| | 03 | Other Health Care Provider | | 06 | Other MR Care Provider | |
| | 02 | Alcohol/Drug Abuse Provider | | 07 | Other A & D Care Provider | |
| | 03 | Other Health Care Provider | | 08 | General Hospital/Other Health Provider | n Care |
| | 01 | Individual (includes self-referral)) | | 09 | Self | |
| | 01 | Individual (includes self-referral)) | | 10 | Family/Friend | |
| | 04 | School (Educational) | | 11 | School/Education Agency | |
| | 05 | Employer/EAP | | 12 | Employer/EAP | |
| | 07 | Court/Criminal Justice/DUI/DWI | | 13 | Police/Sheriff | |
| | 07 | Court/Criminal Justice/DUI/DWI | | 14 | Court/Correctional Facility | |
| | 07 | Court/Criminal Justice/DUI/DWI | | 15 | Probation/Parole | |
| | 97 | Unknown | | 97 | Other | |
| | 97 | Unknown | | 98 | Unknown | |
| 8 | Dat | e of Birth | 18 | Birth | | |
| 9 | Sex | | 10 | Sex | | |
| | 2 | Female | | F | Female | |
| | 1 | Male | | M | Male | |

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| K = Key Field Item No. Treatmen | | Minim t Episode Data Set | ium Item | Valu | e State System Data | <u>Mississippi</u> |
|---------------------------------|------|--|-------------|-------|------------------------|--------------------|
| 10 | Race | | 12 | Race | | |
| | 01 | Alaska Native (Aleut, Eskimo, Indian) | | 1 | Alaskan Native | |
| | 04 | Black or African American | | 2 | Black/African American | |
| | 03 | Asian or Pacific Islander | | 3 | Asian/Pacific Islander | |
| | 02 | American Indian (Other than Alaskan Native) | | 3 | Native American Indian | |
| | 05 | White | | 5 | White/Caucasian | |
| | 20 | Other | | 6 | Other | |
| | 13 | Asian | | | | |
| | 23 | Native Hawaiians or Other Pacific Islanders | | | | |
| 11 | Ethn | icity | 11 | Hispa | nnic Origin | |
| | 03 | Cuban | | 1 | Cuban | |
| | 02 | Mexican | | 2 | Mex./Mex-Am | |
| | 01 | Puerto Rican | | 3 | Puerto Rican | |
| | 04 | Other Specific Hispanic | | 4 | Other Hispanic | |
| | 05 | Not of Hispanic Origin | | 9 | Not of Hispanic Origin | |

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| K = K Item | Ley Field | М | Minimum Item | | <u>Mississippi</u> | |
|---------------|-----------|---|------------------------|------------------------|--|--|
| No. | Treatmen | t Episode Data Set | Hem | Value | e State System Data | |
| 12 | 2 Educ | Education | | Education Level | | |
| | 01- 25 | Years of School(Highest Grade General Equivalency Degree, v 12) | | 01-12 | Actual Grade-First Grade through Twelfth | |
| | 01- 25 | Years of School(Highest Grade General Equivalency Degree, v 12) | | 13 | GED | |
| | 01- 25 | Years of School(Highest Grade General Equivalency Degree, v 12) | / \ | 14 | Technical School/Trade School | |
| | 01- 25 | Years of School(Highest Grade General Equivalency Degree, v 12) | / \ | 15 | Some College, No Degree | |
| | 01- 25 | Years of School(Highest Grade General Equivalency Degree, v 12) | / \ | 16 | Associates Degree | |
| | 01- 25 | Years of School(Highest Grade General Equivalency Degree, v 12) | / \ | 17 | Bachelors Degree | |
| | 01- 25 | Years of School(Highest Grade General Equivalency Degree, v 12) | / \ | 18 | Masters Degree | |
| | 01- 25 | Years of School(Highest Grade General Equivalency Degree, u 12) | / \ | 19 | Ph.D. | |
| | 00 | Less Than One Grade Complet | ed | 51 | Pre-School/Kindergarten | |
| | 97 | Unknown | | 98 | Unknown | |

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| K = Key Field Item | | | Minimum Item | | | | <u>Mississippi</u> |
|-----------------------|------|--------------------|---------------------|------|-------|--------------------------|--------------------|
| No. | | | Item | Valı | ue | State System Data | |
| 13 | 3 Em | ployment Status | 18 | Emp | loyme | ent Status | |
| | 01 | Full Time | | 01 | Em | ployed Full Time | |
| | 02 | Part Time | | 02 | Em | ployed Part Time | |
| | 01 | Full Time | | 03 | Em | ployed - Active Military | |
| | 02 | Part Time | | 04 | Sea | sonal/Migrant Worker | |
| | 03 | Unemployed | | 05 | Une | employed - Seeking | |
| | 04 | Not in Labor Force | | 06 | Une | employed - Not Seeking | |
| | 04 | Not in Labor Force | | 07 | Hor | nemaker | |
| | 04 | Not in Labor Force | | 08 | Stu | dent or Under 17 | |
| | 04 | Not in Labor Force | | 09 | Ret | ired | |
| | 04 | Not in Labor Force | | 10 | Dis | abled | |
| | 04 | Not in Labor Force | | 11 | Inm | ate | |
| | 97 | Unknown | | 97 | Oth | er | |
| | 97 | Unknown | | 98 | Unk | known | |

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| K = Key Field Item | | Minin | Minimum Item | | <u>Mi.</u> | ssissippi |
|-----------------------|---------|--|------------------------|--|------------------------------|-----------|
| No. Ti | reatmei | nt Episode Data Set | | Valu | ue State System Data | |
| 14 | | Substance Problem Codes (Primary- 14A,Secondary-14B, Tertiart-14C) | | Substance Abused, Primary, Secondary, Tertiary | | |
| | 01 | None | | 01 | None | |
| | 02 | Alcohol | | 02 | Alcohol | |
| | 03 | Cocaine, Crack | | 03 | Cocaine/Crack | |
| | 04 | Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations) | | 04 | Marijuana/Hashish | |
| | 05 | Heroin | | 05 | Heroin | |
| | 06 | Non-Prescription Methadone | | 06 | Non-Prescription Methadone | |
| | 07 | Other Opiates and Synthetics | | 07 | Other Opiates and Synthetics | |
| | 08 | PCP | | 08 | PCP | |
| | 09 | Other Hallucinogens | | 09 | Other Hallucinogens | |
| | 10 | Methamphetamine | | 10 | Methamphetamine | |
| | 11 | Other Amphetamines | | 11 | Other Amphetamines | |
| | 12 | Other Stimulants | | 12 | Other Stimulants | |
| | 13 | Benzodiazepine | | 13 | Benzodiazepines | |
| | 14 | Other Tranquilizers | | 14 | Other Tranquilizers | |
| | 15 | Barbiturates | | 15 | Barbiturates | |
| | 16 | Other Sedatives or Hypnotics | | 16 | Other Sedatives or Hypnotics | |
| | 17 | Inhalants | | 17 | Inhalants | |
| | 18 | Over-the-Counter | | 18 | Over-The-Counter | |
| | 20 | Other | | 97 | Other | |
| | 97 | Unknown | | 98 | Unknown | |
| | 01 | None | | 99 | Not Applicable | |

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| em | y Field | М | inimum Item | | | <u>Mississip</u> |
|------|--|---|-----------------------|--------|------------------------------|------------------|
| о. Т | reatme | nt Episode Data Set | | | e State System Data | |
| 15 | Prin | al Route of Administration (nary-15A, Secondary-15B, tiar-15C) | 67,72,7 7 | Route | of Administration | |
| | 01 | Oral | | 1 | Oral | |
| | 02 | Smoking | | 2 | Smoking | |
| | 03 | Inhalation | | 3 | Inhalation | |
| | 04 | Injection (IV or intramuscular) | | 4 | Injection | |
| | 20 | Other | | 5 | Suppositories | |
| | 20 | Other | | 7 | Other | |
| | 97 | Unknown | | 8 | Unknown | |
| | 98 | Not Collected | | 9 | Not Applicable | |
| 16 | Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C) | | 38 | Frequ | ency of Use | |
| | 01 | No past month use | | 1 | No Use in Past Month | |
| | 02 | 1-3 times in past month | | 2 | 1-3 Times in Past Month | |
| | 03 | 1-2 times per week | | 3 | 1-2 Times/Wk in Past Month | |
| | 04 | 3-6 times per week | | 4 | 3-6 Times/Wk in Past Month | |
| | 05 | Daily | | 5 | Once Daily in Past Month | |
| | 05 | Daily | | 6 | 2-3 Times/Daily in Past Mon | th |
| | 05 | Daily | | 7 | 4 or More Daily in Past Mont | th |
| | 97 | Unknown | | 8 | Unknown | |
| | 98 | Not Collected | | 9 | Not Applicable | |
| 17 | | of First Use (Primary-17A, ondary-17B, Tertiary-17C) | 36 | Age of | f First Use | |
| | 00 | Indicates a Newborn with a substance dependecy problem | | 00 | Newborn With a Substance D | Dependency |
| | 00- 95 | Indicates The Age at First Use | | 00-87 | 00-87 | |
| | 97 | Unknown | | 88 | Unknown | |
| | 98 | Not Collected | | 99 | Not Applicable | |

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| K = Key Item | Field | Mi | Minimum Item | | | <u>Mississippi</u> |
|-----------------|--------|--|-----------------|-------|------------------------------|--------------------|
| | reatme | nt Episode Data Set | | | state System Data | |
| K 18 | Тур | e of Services | 47 - 50 | Servi | ce Codes | |
| | 01 | Hospital Inpatient (Detox, 24 hour Service) | | 101 | Acute - Chemical Dependency | 7 |
| | 05 | Long-term, (more than 30 days |) | 206 | Primary Residential Treatmen | t |
| | 05 | Long-term, (more than 30 days |) | 207 | Transitional Residential | |
| | 07 | Non-Intensive Outpatient | | 309 | Therapeutic Day Treatment | |
| | 07 | Non-Intensive Outpatient | | 401 | Individual Therapy | |
| | 07 | Non-Intensive Outpatient | | 402 | Family Therapy | |
| | 07 | Non-Intensive Outpatient | | 403 | Group Therapy | |
| | 06 | Intensive Outpatient | | 405 | Intensive Outpatient | |
| 19 | (Pla | oid Replacement Therapy nned or Actual)WasUse of hadone Planned/Actual | 64 | Use o | of Methadone Planned? | |
| | 1 | Yes | | 1 | Yes | |
| | 2 | No | | 2 | No | |
| | 7 | Unknown | | 8 | Unknown | |

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| | Ley Field | | Optional | | | <u>Mississippi</u> | |
|-------------|-----------|--|----------|-------------------|---------------------------|--------------------|--|
| Item No. | Treatme | ent Episode Data Set | Item | Valu | e State System Data | | |
| 1 | Det | ail Drug Code, Primary | 66 | Detail | ed Drug Code, Primary | | |
| | 999 | 8 Not Collected | | 0101 | None | | |
| | 999 | 7 Unknown | | 9998 | Unknown | | |
| | 999 | 8 Not Collected | | 9999 | Not Applicable | | |
| 2 | Det | ail Drug Code, Secondary | 71 | Detail | Drug Code, Secondary | | |
| 3 | Det | ail Drug Code, Tertiary | 76 | Detail | Drug Code, Tertiary | | |
| 4 | DSI | M Diagnosis | 44 | DSM | Axis 1 | | |
| | ### ## | E. DSM III-R Category | | ###.# ###.## # | | | |
| | 999 97 | . Unknown | | V7109 | No Diagnosis | | |
| 5 | | chiatric Problem in Addition ohol or Drug Problem | to 56 | Psych Probl | to A&D | | |
| | 1 | Yes | | 1 | Yes | | |
| | 2 | No | | 2 | No | | |
| | 7 | Unknown | | 8 | Unknown | | |
| 6 | Pre | gnant at Time of Admission | 55 | Pregn | ant at Time of Admission? | | |
| | 1 | Yes | | 1 | Yes | | |
| | 2 | No | | 2 | No | | |
| | 7 | Unknown | | 8 | Unknown | | |
| 7 | Vet | eran Status | 35 | Veter | an Status | | |
| | 1 | Yes | | 1 | Yes | | |
| | 2 | No | | 2 | No | | |

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| | | Velsi | | | | | |
|--------------|----------------------------|-----------------------|----------|--|------|--|-----------------|
| X = Key | y Field | | Optional | | | | <u>Mississi</u> |
| tem Vo. T | Treatment Episode Data Set | | Item | Value | 2 | State System Data | |
| 8 | Livi | ng Arrangements | 23,24 | Living Arrangements, Type of Residence | | | lence |
| | 03 | Independent Living | | (23)1+ (24)1 | Priv | rate Residence, Lives Alone | ; |
| | 03 | Independent Living | | (23)1+ (24)2 | Oth | er Independent, Lives Alone | e |
| | 01 | Homeless | | (23)1+ (24)3 | Hor | neless, Lives Alone | |
| | 03 | Independent Living | | (23)2+ (24)1 | Priv | rate Residence, Lives with F | Relatives |
| | 03 | Independent Living | | (23)2+ (24)2 | Oth | er Independent, Lives with | Relatives |
| | 03 | Independent Living | | | | rate Residence, Lives with arelated Persons | |
| | 03 | Independent Living | | | | er Independent, Lives with related Persons | |
| | 02 | Dependent Living | | (23)3+ (24)4 | | itution, Lives with Nonrelat | ed |
| | 02 | Dependent Living | | | | nmunity Program, Lives with related Persons | th |
| | 02 | Dependent Living | | | | rectional Facility, Lives wit related Persons | h |
| | 97 | Unknown | | (24)7 | Oth | er | |
| 9 | Sou | rce of Income/Support | 26 | Incom | e So | urce | |
| | 01 | Wages/Salary | | 1 | Wa | ges/Salary | |
| | 02 | Public Assistance | | 2 | Pub | lic Assistance | |
| | 03 | Retirement/Pension | | 3 | Ret | rement/Pension | |
| | 04 | Disability | | 4 | Disa | ability | |
| | 20 | Other | | 7 | Oth | er | |
| | 97 | Unknown | | 8 | Unk | known | |
| | 21 | None | | 9 | Nor | ne | |

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| K = k Item | K = Key Field Item | | Optio | onal Item | | <u>Mississippi</u> | |
|---------------|-----------------------|------------------|---|--------------|------------------|---------------------------------------|--|
| No. | Trea | atmen | nt Episode Data Set | | Valu | e State System Data | |
| 1 | 0 | Health Insurance | | 24 | Health Insurance | | |
| | | 06 | Health Maintenance Organization (HMO) | | 5 | Health Maintenance Organization (HMO) | |
| | | 97 | Unknown | | 8 | Unknown | |
| | | 01 | Private Insurance (other than BCBS or HMO) | | X | Private Insurance | |
| | | 02 | Blue Cross/Blue Shield | | X | Blue Cross/Blue Shield | |
| | | 03 | Medicare | | X | Medicare | |
| | | 04 | Medicaid | | X | Medicaid | |
| | | 20 | Other (e.g. TriCare, Champus) | | X | Other | |
| | | 21 | None | | X | None | |
| 1 | 1 | Expo Payr | ected/Actual Primary Source of ment | 32 | Prima | ary Payment Source | |
| | | 08 | No Charge (Free, Charity, Special Research or Teaching) | | 01 | None | |
| | | 01 | Self-Pay | | 02 | Personal Resources | |
| | | 02 | Blue Cross/Blue Shield | | 04 | Blue Cross/Blue Shield | |
| | | 07 | Other Health Insurance Companies | | 05 | CHAMPUS | |
| | | 07 | Other Health Insurance Companies | | 06 | Other Commercial Health Insurance | |
| | | 03 | Medicare | | 07 | Medicare | |
| | | 04 | Medicaid | | 08 | Medicaid | |
| | | 05 | Other Government Payments | | 09 | Veteran's Administration | |
| | | 06 | Worker's Compensation | | 10 | Workman's Comp | |
| | | 05 | Other Government Payments | | 11 | Other Public (Government) Sources | |
| | | 09 | Other | | 97 | Other Payment Source | |
| | | 97 | Unknown | | 98 | Unknown | |

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| K = Key Field Item | | Ор | <u>Mississippi</u> | | | |
|-----------------------|---------|--|--------------------|------|-------------------------------|---|
| No. | Treatme | ent Episode Data Set | Item | Valı | ie State System Data | |
| 12 | 2 Det | ailed Not in Labor Force | 18 | Emp | loyment Status | |
| | 06 | Other | | 06 | Unemployed - Not Seeking | |
| | 01 | Homemaker | | 07 | Homemaker | |
| | 02 | Student | | 08 | Student or Under 17 | |
| | 03 | Retired | | 09 | Retired | |
| | 04 | Disabled | | 10 | Disabled | |
| | 05 | Inmate of Institution (Prison or Institution - keeps people out of work force) | | 11 | Inmate | |
| | 06 | Other | | 97 | Other | |
| | 97 | Unknown | | 98 | Unknown | |
| 13 | | Detailed Criminal Justice Referral Categories | | Crim | ninal Justice Referral | |
| | 01 | State/Federal Court | | 01 | State/Federal Court | |
| | 02 | Other Court (Not State or Federal) | | 02 | Formal Adjudication Process | |
| | 03 | Probation/Parole | | 03 | Probation/Parole | |
| | 04 | Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board | | 04 | Other Recognized Legal Entity | y |
| | 05 | Diversionary Program (E.G. TASC) | | 05 | Diversionary Program | |
| | 06 | Prison | | 06 | Prison | |
| | 07 | DUI/DWI | | 07 | DUI/DWI | |
| | 08 | Other | | 97 | Other | |
| | 97 | Unknown | | 98 | Unknown | |
| | 98 | Not Collected | | 99 | Not Applicable | |

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| Item | Key Fi | | • | ptional Item | | | State System Data | <u>Mississippi</u> |
|------|------------------|-------|---|-----------------|----------|---------|------------------------|--------------------|
| No. | Trea | tment | Episode Data Set | | Val | ue | | |
| 1 | 4 Marital Status | | 15 | Mar | ital Sta | | | |
| | (| 02 | Now Married or Cohabitating | | 1 | Marr | ied | |
| | (| 01 | Never Married | | 1 | Singl | le | |
| | (| 03 | Separated (legally or otherwise absent) | | 2 | Sepa | rated | |
| | (| 04 | Divorced | | 3 | Divo | rced | |
| | (| 05 | Widowed | | 4 | Wido | owed | |
| | 97 | 97 | Unknown | | 8 | Unknown | | |
| 1: | 5] | Days | Waiting to Enter Treatment | 53 | Days | s Waiti | ng Prior to Treatments | 8 |
| | 9 | 997 | Unknown | | 997 | Unkr | nown | |

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| K = Key I Item | Field | Discharge Item | | <u>Mississippi</u> | | |
|--------------------------------|---|--------------------------|-----------------------------------|--------------------|--|--|
| No. Treatment Episode Data Set | | 100111 | Value State System Data | | | |
| 104 | Provider ID (At Discharge) | 5 8 | Provider At Discharge | | | |
| 105 | Client Identifer - (At Discharge) | | CLI_ORG_ID | | | |
| 106 | Co-Dependent/Collateral At Discharge | | ADM_TYPE | | | |
| 109 | Service at Discharge | 47 - 50 | Service Codes | | | |
| | 01 Hospital Inpatient | | 101 Acute - Chemical Dependency | | | |
| | 05 Long-Term, >30 days | | 206 Primary Residential Treatment | | | |
| | 05 Long-Term, >30 days | | 207 Transitional Residential | | | |
| | 07 Outpatient | | 309 Therapeutic Day Treatment | | | |
| | 07 Outpatient | | 401 Individual Therapy | | | |
| | 07 Outpatient | | 402 Family Therapy | | | |
| | 07 Outpatient | | 403 Group Therapy | | | |
| | 06 Intensive Outpatient | | 405 Intensive Outpatient | | | |
| 146 | Date of Last Contact | 86 | EXT_DATE | | | |
| 147 | Date of Discharge | 87 | DIS_DATE | | | |

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| VOISION: 1 | | | | | | | |
|---------------------------|---|--|--------------|-------------|------|---------------------------|--------------------|
| K = Key Item No. Tr | | Disch nt Episode Data Set | arge Item | Valı | ue | State System Data | <u>Mississippi</u> |
| 149 | Reason for Discharge , Transfer or 89 Discontinuance of Treatment | | | Field Name? | | | |
| | 07 | Other | | 0 | Oth | er | |
| | 01 | Treatment Complete | | 2 | Trea | atment Completed | |
| | 03 | Terminated by Facility | | 3/2 | Ter | minated by facility | |
| | 04 | Transferred to Another Substance Abuse Treatment Program or Facility | | 4 | Tra | nsferred to other program | |
| | 02 | Left Against Professional Advice (Drop Out) | | 5 | Lef | t Against Advice | |
| | 06 | Death | | 7 | Dea | th | |
| | 08 | Unknown | | 8 | Unk | known | |
| | 05 | Incarcerated | | na | Inca | arcerated | |

Crosswalk Management System REPORT CROSSWALK TO STATE

End of Report